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PANAMA OR ISTHMUS FEVER.

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THIS disease, so much dreaded by Californians, is as plain and open as many of our malarial fevers; particularly, when the investigations of the practitioner are directed to a miasmatic origin. We are led to believe that Panama fever originates from a modification of the same cause that generates the different forms of intermittent and congestive disease, from a consideration of the locality; from a close inspection of the attending symptoms; and from a careful observation of the curative effects of different remedies.

First, of the Locality.—The Isthmus, like all tropical climates, is notable for an intense and prolonged application of heat. The elevation of temperature is such, that were it not for the certain and regular return of periodical rains the land would hardly be habitable. These rains seem to be one of the wise arrangements of an omnipotent Providence; but while a great evil has undoubtedly been avoided by the institution of the seasons of rain, a lesser one appears to have been inflicted. The rains, alternating with the light and heat of a vertical sun, reduce the temperature of air and earth, and cause to spring up the rich vegetation so essential in "the sunny south" to the comfort and happiness of man. But the lovely verdure thus produced, falls by the universal process of decay, and supplies the earth, in turn, with a thick, black, vegetable mould. The rains moisten it, and the sunshine distils the poison. Like the malaria of our rivers, the Isthmus poison seems most likely to affect persons who expose themselves after night fall; and produces different results in different cases, which come properly under the head of—

Symptoms.—Sometimes a well-marked chill or cold stage comes on, followed by no great re-action or fever, but attended by much difficulty of respiration and intense pain in the back and bowels. In other cases the cold stage is scarcely perceptible, while the impeded and clogged function of respiration is still well exhibited in the more than anxious countenance. The patient tells you he is burning up and dying of thirst; that his back hurts him; that he feels as if he was smothering, though there is no great pain in his breast. You may examine a patient who is tossing from side to side without cover, and who tells you he is

hot, he can't bear it, and, ten to one, you will find the heat of his surface far below the healthy standard. You will sometimes find another in the heat of the day, with blankets enough tucked in around him to stifle a man in the enjoyment of good health, vowing all the time he's had nothing like a chill since he was taken. Another tells you he had a chill, and that it "turned into bowel complaint" or dysentery. Probably he may inform you that this is about all that ails him. Another informs you he had one light chill, and his bowels have been "costive" ever since. Possibly, too, the patient may have assisted you in the treatment of his case, by taking a half dozen purgative pills, "purely vegetable"—a couple of Seidlitz powders, a spoonful of salts and a large dose of oil. All he needs, according to his own views of practice, is something to relieve his bowels. If I could only have a good operation, says he, I know I would be better.

You find one who has been sick several days. His face looks sharp. His thirst is uncontrollable. His lips are dry and parched, his tongue red at the tip and often fissured. He tells you he has taken medicine, but nothing will operate on his bowels as it should do; that his discharges are too frequent, or else he has no discharges at all. Sometimes you will find him in a good deal of pain, lying on his back with his knees drawn up. Examine his stools, and perhaps you will find they contain mucus streaked liberally with blood. Probably while you are with him he rises to stool, and after straining ineffectually for some time, goes to bed to rise again in a few minutes. He rises again and again, with as little success as at first, and in great agony. He is very restless, and growing more so. His toes are at times cold, but he don't speak of it. In addition to the cases in which arise the symptoms we have mentioned, there are those where we find coldness and blueness of the skin, clammy perspiration, weak pulse or no pulse at all, anxious and sighing respiration, intense lumbar and abdominal pains, great restlessness, urgent thirst, cramps, retching and vomiting. Some of these cases prove rapidly fatal, unless the congestion of internal organs is speedily removed. As this may generally be done, and according to our experience with promptness and certainty, we will not dwell longer on this part of our subject, but proceed as briefly as possible to a consideration of the treatment.

Treatment.—Quinine first and last is indispensable, counter-irritation often necessary, and purgatives, somewhat active, *occasionally* beneficial. Notwithstanding the benefit to be obtained from other remedies, they are nearly all adjuvants, or secondary in use to quinine. Purgatives nearly always aggravate the dysenteric symptoms, unless the congestion has first been broken up by quinine; and where intestinal torpor and constipation exist, dose after dose of active purgatives may be exhibited without producing the desired effect. But after a few liberal doses of quinine have been administered, a very mild purgative will generally produce a speedy dislodgment from the bowels, attended by a marked amelioration, and sometimes by an entire removal of all the worst symptoms. If the skin was cold and the respiration impeded and difficult, with pains in the bowels, small and laboring pulse, nausea and ex-

cessive thirst, our plan was to use the warm foot-bath, rendered more stimulating by an addition of cayenne pepper. After rubbing well the feet and legs with a hot flannel, mustard was applied to them, and heated stones placed at the foot-board to secure warmth. A large hot poultice of mustard was next applied over the stomach and bowels, and as soon as the patient spoke of warmth, or complained of pain, or the skin gave signs of approaching redness and irritation, the following was given—R. Gum camphor, quinine, āā grs. x.; sul. morphine, gr. ¾. This was repeated every hour till four doses had been given, omitting after the first dose the morphine, and substituting in lieu of it two grains of the pulv. ipecac. com. Generally, the patient was soon quiet and comfortable. The skin became more moist, the pulse freer and fuller, and a disposition to sleep was frequently soon manifested. There was nearly always some impairment from the quinine, of the functions of sight and hearing, but the patients were generally too comfortable otherwise, to mention any disturbance without attention was directed to it.

After the congestion was broken up, small doses of the blue mass, or calomel, combined with Dover's powder, and followed, after several potions had been given, by a free dose of castor oil, were sufficient to restore fully the secretions of the skin and liver, and unload amply the intestines. Where extreme irritability of the stomach was present, contra-indicating by its violence, and through the vomiting induced by it, the administration of quinine in the ordinary way; a large blister was applied, and injections of the sulphate resorted to, during the process of vesication. As soon as the blister was well formed and filled, the quinine injections were suspended, and the blistered surface denuded of its cuticle, and sprinkled liberally with quinine and morphine—one to two drachms of the former and two grains of the latter. The good effect of quinine was as apparent in these cases as in others, though the mode of administering is far more disagreeable, both to physician and patient. Where no sudden danger was likely to arise, but where intestinal congestion evidently existed, and where the condition of the liver and the loaded state of the bowels seemed to demand the alterant and purgative effects of mercurials, we used calomel combined with quinine as follows:—R. Quinine, grs. v.; calomel, grs. iv.; ipecac., opium, āā gr. ½. This was given every two and a half hours till four doses were taken. After the lapse of two hours, castor oil was given, or injections resorted to and continued till free and full evacuation was procured. Much larger doses of quinine were frequently given. Sometimes twenty to thirty grains were administered, and the doses repeated with good effect. During the disease the patients were kept on gum, elm, and barley water. A mild mucilaginous diet was adopted during convalescence. After the congestion was subdued, irritations of the bowels sometimes showed a disposition to be troublesome, but the affection generally gave way before the usual mode of treatment.

This is the main part of our treatment, having excluded from the narration many minor points, which are so familiar to physicians in every-day practice, and so seldom omitted by them, that they scarcely justify insertion. The treatment only substantiates what has often been proved

before: that symptoms viewed alone, are often masked and mislead by being so; that the only safe and scientific plan of practice, is to investigate the cause of disease, analyze the true nature and origin of the symptoms, and then, to make his lancet, his opium, his calomel, his quinine, Sampsons in turn, or in combination, as the causation and condition of each individual case may require.—*Western Lancet.*

ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 355.]

In cases of murder, the fashionable plea of insanity or monomania is constantly adopted by the counsel for the defence, and in a great majority of instances with success, partly on the score of humanity, and partly in consequence of the prevalent modern antipathy to punishment by death. It is not, of course, my province to enter on a discussion of the validity of this perpetual plea. Each case must rest on the individual facts which appear on the trial. Justice should not, however, succumb to misplaced lenity, or to legal ingenuity; nor should a mawkish consideration for the murderer rescue him from the atonement which the bible authorizes and the legislature demands.

In alluding to the plea of monomania, many persons consider it to be a state in which the mind is perfectly sound except on one particular subject; and this construction would appear occasionally to have been substantiated by cases which have been recorded. The barrier, however, between sanity and insanity is not so entire but that some few breaches may be detected. It is, in fact, only a species of moral insanity; but the erroneous impression on one particular point is so strongly marked, as to throw the general character of the mental alienation in the shade. The mind is concentrated on one object or train of ideas so that the insanity is partial. It manifests itself sometimes in a propensity to theft, sometimes to arson, sometimes to homicide; and the subjection of such a criminal to legal punishment must depend on the general evidence of consciousness of action.

Some persons are only guilty of felony when under the influence of spirituous liquors, and then become dangerous to society. A question naturally presents itself whether such person can be legally detained in an asylum. I have known several instances of this; and a patient is at this time under confinement in one of the asylums of which I am the visiting physician, who attempted to murder his wife, but in whom no evidence of insanity is discernible under the regimen and diet of the institution. A prisoner is now in Chelmsford gaol, and has been there for the last fifteen years, for murder, under the influence of intoxication and passion; and though he was acquitted at the trial, on the ground of insanity, he never evinces it now. If, however, a man, under the influence of ungovernable anger, has either taken, or attempted to take, the life of a fellow creature; or, if prone to intoxication, and when intoxicated, his self-control and reason are not sufficient to restrain him from homicide, public safety demands his confinement. He subjects

himself, when at liberty, to one of the leading physical causes of insanity, and becomes insane, being only sane during the lucid intervals of sobriety. Such subjects, Baron Garrow told me, ought undoubtedly to be under restraint.

To return, however, from this digression on medical jurisprudence, let us take a short view of mental pathology: and here science receives a check, and philosophy is staggered—for whilst extensive necroscopic examinations furnish a vast variety of disease in the encephalon of the lunatic, many instances of confirmed and protracted insanity can be adduced, in which no vestige of disease could be detected, and where all the ravings and distorted features of this fell disease have passed away,

> "And, like the baseless fabric of a vision,
> Left not a wreck behind!"

How is this? Has the perturbed tenant left its cell without injuring its material encasement? Has the sword lost its edge, and rusted in its scabbard, without the scabbard participating in the ravage of time and circumstance? What can we say in answer to this query, but that

> "There are more things in heav'n and earth
> Than are dreamt of in our philosophy."

Amongst the principal diseases of the brain in the subjects of insanity, are—evidence of inflammation and its sequelæ in the tunica arachnoidea and pia mater, viz.: thickenings; serous infiltration; and more or less vascularity; injected state of the brain and its convolutions; morbid changes both in its cortical and medullary substance, with increased firmness of consistence of both. In others, a softening of the substance; serum in the lateral ventricles; changes in the nerves proceeding from the brain; the bones of the cranium thickened, and harder than is usual, with inequalities in the cranial cavity; alterations in the structure of the pineal gland and the annular protuberance, &c. Many other appearances have been represented as existing; for, as has been observed by Esquirol, "The inspection of bodies of lunatics offers numerous varieties as to situation, number, and kind of morbid appearances. The lesions of the encephalon are, however, neither in relation to the disorders of the mind, nor to the maladies complicated with it. Some lunatics, whose mental and bodily disease had given suspicion of extensive organic lesion, have presented but slight changes of structure in the brain; whilst others, whose symptoms had been less severe, have been the subjects of great and numerous alterations. But what disconcerts all our theories [he adds] is, that not unfrequently, even in the instance of patients who have passed through all the stages of insanity, and have lived many years under derangement, no organic changes whatever have been traced, either in the brain or its containing membranes."

Dr. Millingen expresses himself of the same opinion, and still further observes:—"All the organic lesions found in the insane may be also observed in subjects who have been free from mental alienation!"

Dr. Haslam details the morbid appearances on the dissection of 38 cases, in *all* of which there was more or less structural disease. Mr. Lawrence detected the same in 100 consecutive cases that came under

his inspection at Bethlem. Mr. Davison, the house-surgeon at the Lancaster Asylum, after a careful examination of more than 200 patients who died in that Hospital, says that he scarcely met with a single instance in which traces of disease in the brain or its membranes were not evident: the pia mater and the cortical substance were the parts most frequently diseased. Dr. Conolly is, I believe, of the same opinion.

It would be easy to recount an extensive catalogue of anatomists and pathologists who have favored us with the results of their researches, and with their comments and inferences. Martinet appears to have connected the symptoms which have manifested themselves during life with the appearances which have presented after death, as clearly and concisely as most authors.

In cases of insanity consequent on physical causes, such as inebriety, blows on the head, &c., it is most probable that they arise from a greater or less degree of inflammation of the brain or its membranes; and so far I entirely agree with Bayle, to whose authority, from his researches and practical knowledge acquired at the Asylum at Charenton, much respect is due; and that such cases, when early submitted, yield to the treatment, in accordance with his theory, is a strong proof of its correctness. Dumas, Calmeil, Vogel, and other high authorities, entertained similar opinions. Hatfield was acquitted on the plea of insanity referred to a wound in the head, which he received in action. For this reason, when it can be established, in cases of murder or felony, that the culprit has formerly sustained a wound or injury to the brain, an acquittal on the ground of insanity for the most part follows. The well-known consequences of inflammation, which so frequently are observed in post-mortem examinations, such as vascularity, thickening, effusion, &c., corroborate the connection of insanity with what he terms meningitis. But irritation may also produce it in a high degree, and yet leave no visible vestige. We know that excruciating pain attends neuralgia, and yet no organic lesion in the nerve affected is discoverable; and, inasmuch as the nerves are processes of the brain, surely the analogical inference may be admitted.

Functional disorder may exist in any organ without structural lesion; but although anatomy may shed no light, nor reveal its cause, the *existence* of disorder is not to be discredited.

There may be a maniacal *diathesis* as well as a gouty or scrofulous diathesis; and where the disposition is hereditary, this is most probably the case—and then a slight cause will be productive of its manifestation.

Failing to demonstrate the union of insanity solely with cerebral disease, many pathologists sought for elucidation in the viscera; and the præcordia, the intestines, the liver, the spleen, the uterus, &c., have in turn sustained the etiological imputation; and some modern authorities refer it to the vascular system. Pinel himself considered the abdominal viscera mainly implicated, whilst others assign it to the ganglia and sympathetic system.

I have already alluded to the action of gastric irritation; and the fact that hypochondriasis, melancholy, and even suicide, result from the depression contingent on hepatic affections, cannot be doubted or denied.

The frequency of diseased liver in lunatics has been often noticed in the autopsy of such patients; this may, however, have been sometimes simply the result of that system of intoxication which has terminated in madness, and so extensively induced it.

In treating on lunacy, and inasmuch as its etymology would seem to convey that the moon exercises an influence on the disease, and as the question is frequently mooted, it may not be irrelevant to offer a transient notice of it to your attention. It has certainly been generally admitted that the changes in the weather and in our system are connected with those of the moon—an opinion which, whether true or false, might naturally originate with men who were necessarily most attentive observers of everything associated with lunar changes, when lunar changes were their sole almanac. In an unlettered age they regulated the movements of the shepherd's life; and whole tribes worshipped this "queen of heaven" with abject veneration, as presiding over every atmospheric phenomenon; and their opinion of her influence over our earth was probable and natural. That the moon has an effect on the tides of the ocean is undisputed; and surely it is reasonable to suppose, *à priori*, that an influence so powerful as this must also have an influence over atmospheric changes; and to this day (whether or not arising from an indirect operation of the moon) changes of weather more frequently are observed to occur at certain lunar periods than at other times. It is ascertained that the mean barometrical pressure attends the first and last quarters, while its extremes accompany the new and full moon. The electroscope also indicates corresponding changes; and from the observations made by Dr. Allen, of the York Asylum, and subsequently of High Beech, amongst hundreds of insane patients for a series of years, he told me that he arrived at the conviction that an excited and unsettled state of mind prevailed more, on an average, at these times than at any other. Lunar phases are by many thought to influence *epileptic* lunatics, but not to act on cases of mania or dementia. Shakspeare says:—

> "Sure, 'tis an error of the moon, that comes
> Nearer unto the earth than she is wont,
> And makes men mad!"

We spoke (in the first lecture) of the effects of atmospheric electricity on the nervous system—and though I willingly concede that the influence of the moon, through the medium of any change in the mechanical pressure of the atmosphere, is so inconsiderable as not to repay us for the trouble of its investigation, yet even this lunar influence is admitted by the best meteorologists of the day. There are few, however, who give much credit to the influence of the moon on insane patients.

The relative proportion of male and female lunatics is a question which naturally presents itself when the subject of insanity is before us; but a difference in opinion prevails in this as well as in most things, and the comparative frequency appears to vary in different countries. In Great Britain the proportion gently inclines to males. In France to females. In Germany to males. In London and Middlesex to females.

in the sum total of lunatics in the asylums of various parts of the civilized world, Esquirol calculated 37,825 males, and 38,701 females. The equality is remarkable—but when the causes of respective liability are considered, the balance appears to be equal, for although the nervous susceptibilities of women may subject the softer sex to a greater incursion of moral insanity, the proneness to inebriety in man (acknowledged, as it is, to be so frequent a physical cause) would give them the predominance. Alienation of mind is observed, however, at an earlier age in females, and the uterine functions undoubtedly subject them to a large exclusive additional liability:—they are also more under the influence of superstition, and emotion from different causes; but then their minds are less subject to the ravages of speculation and perplexing pecuniary negociations, intense thought, and its anxieties. The predominance of the malady in men in *England* may be partly attributable to the women being more soundly and religiously educated, to their being more domestic, and less subjected to the excitements of gaiety and mixed society than in France. On this principle it may be explained why celibacy presents a preponderance of lunatics over persons in married life. When persons are married, *le jeu est fait!* and therefore they are more settled, and exempt from those hopes and fears, those disappointments and anxieties, which are a perpetual source of excitement to the young and single, who have not yet turned over the principal leaf in the book of life. The statistics as to the ages in which insanity prevails (which is from 20 to 40), may moreover be admitted in evidence of the prevalence of passion and emotion as inducive of mania.

It may be difficult, however, to say at what age reason usurps her sway over passion, and subjugates her. Suffice it to observe that few objects are more revolting than "the silver livery of advised age," so polluted with morbid juvenile propensities.

> "Possent ut juvenes visere fervidi
> Multo non sine risu
> Dilapsam in cineres facem."

This is, however, not an infrequent type of *senile insanity*. As a general rule it may be held that mania in all its forms of excitement appears chiefly in early life, melancholia in middle life, and dementia towards the close: the form of insanity varying much with the respective temperament of the individual, and mostly imbued with the hereditary taint.

Be this as it may, *our passions* may be *considered the chief causes of insanity*, producing stimulating or depressing effects, which act most generally both on our physical functions and our mental faculties This circumstance explains the extreme rarity before, and the common prevalence of madness after puberty, when our relative social condition exposes us to the influence both of our natural passions and their artificial aberrations. When intensity of thought has brought on incoherence, such a confusion prevails in the mental impressions, that no distinct recollection of former circumstances appears to exist. Hence the fact, that subjects who have been insane from disappointment in their fondest attachments rarely mention the name of the object of their love. When

they do recollect the person's name, and *appear to be grieved* when it is mentioned (however violent their outbreakings may be) we may entertain the most sanguine hopes of recovery. A young man, the only son f his widowed mother, and to whom he was most piously attached, was suddenly restored to sanity on being loudly and abruptly told that his mother was dead! He burst into a flood of tears, was awakened to a sense of his temporary delusion, and reason regained her seat. The sensorium in mania is so susceptible, that violent action may restore sanity or may extinguish vitality; but such sudden terminations are rare occurrences. The duration of it is extremely various. It may remit or intermit, and these durations of excitement constitute what are termed "lucid intervals." The patient appears to be restored, but the ray of light is often transient and fallacious. It is nevertheless cheering to observe the light of reason breaking in upon the benighted mind, evincing, as it does, that though reason may have abdicated her throne for a while, her restoration is not only probable, but at hand.

After a careful consideration, it appears, as Dr. Burrows observes, that the prognosis may be summed up in the following order.

Recovery may be anticipated in proportion to the youth of the patient, and the recentness and comparative mildness of the attack.

The chances of recovery are greatest in the first attacks, and diminish with each subsequent invasion, and with the duration of the disease and advanced age of the patient.

Mania is cured most frequently—next, melancholy and monomania—lastly and the least, dementia and fatuity.

Melancholia is difficult of cure in proportion to the degree of depression—a dread of poverty, of poison, and perverted ideas of religion, indicating an obstinate disease.

Chronic insanity seldom recovers.

Puerperal mania generally.

Insanity with a propensity to suicide is a favorable form, if recent, and coming under early treatment.

Acute dementia is curable—chronic dementia and insanity not so.

Hereditary predisposition protracts and diminishes the chances of recovery, but does not entirely prevent it.

Relapses are, however, more to be expected when it exists.

An amendment of personal appearance attended by improvement in mind, indicates recovery.

When the insane preserve or acquire all their physical functions, and eat and rest well, presenting their usual appearance *without recovering their faculties*, recovery is hopeless.

Insanity caused by excessive study, by the slow operation of moral emotions, or attended by hallucinations, by pride, &c., is seldom cured.

Complications with apoplexy, palsy, and epilepsy, are incurable and fatal.

Men are more liable to relapses than women, and one half of all relapses occur in the first three months after recovery.

[To be continued.]

REMARKS ON THE CIRCULATION OF THE BLOOD AND NUTRITION,

With a Translation of an Article from the "Comptes Rendus" of October, 1851.

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[Communicated for the Boston Medical and Surgical Journal.]

I AM convinced that further progress in physiology must come from the animal or vegetable kingdom, as compared with man. Pathology has been well cultivated during the last half century, in the human subject, by Andral, Louis, all the Broussaists, and almost every writer of note, during that period. Pathology *must* go to the lower animals, beginning, perhaps, with the domestic, to extend its boundaries. Who is ready to extend our information, for example, into the region of the diseases of the horse? Hippopathology has received a noble contribution from Percival, of England; who will take the lead in the same subject, this side of the Atlantic?

But to return. Animals and insects must now be the means of advancing our knowledge of the healthy functions of the human system. Dufour has proved, as the French say, incontestably, that the mucus which lines the air passages of insects, plays an important rôle in the functions of these passages. The same thing is doubtless the case in the human subject, both in the air passages and the digesting organs. A very cursory examination of the qualities of healthy mucus, and the conditions under which it is secreted, together with the effects of its premature removal, will show that it is important, if not essential to digestion in all its stages.

The disputed territory connected with the circulation of the blood, that between the radicles of the veins and arteries, independent of the capillaries, must be investigated in the lower order of animals—where nature appears to perform all her dissections, in every possible variety of form, for our special investigation.

M. Emile Blanchard (commission, Dumeril, Flourens, and Milne Edwards) says that it has long been known, that silk worms which eat the broken leaves of madder, produce red or rosy cocoons. [We saw some beautiful moth cocoons yesterday, found among some party-colored worsted, which had every color of the worsted, and the colors appeared to have been arranged by the worm with a view to effect.—J. B.] Those which were fed on indigo leaves, he also says, produced blue cocoons; but no anatomical researches had as yet been instituted on these worms. At the Scientific Congress, held at Genoa, a few years since, Professor Alessandrini, of Bologna, states that he found the tracheæ of worms that had been fed on indigo leaves, of a blue color. He stated the fact without being able to explain it, engaging his colleagues to repeat the experiment. M. Bassi, who was charged with the duty, announced, the following year, that worms which had eaten coloring matters had their tracheæ colored; but that the color was not found in the interior of the air tubes, but between the membranes which constituted their parietes.

"On hearing of these researches, they appeared to me of sufficient importance to be repeated. I therefore took a certain number of cater-

pillars, particularly those of the Papillon paon—de jour (Vanessa Io), and placed them in two boxes, one with the broken leaves of madder and the other with indigo leaves. After continuing this diet for some days, I dissected several of my caterpillars, and was convinced that some presented rosy and others blue tracheæ; the viscera and muscles having preserved their natural color. This corresponded with the experiments of Bassi; but I desired to make them more complete. Many caterpillars have a kind of green blood, or brownish green, which is unfavorable to the observance of the influence of coloring matters, introduced through the organs of digestion. Now, although I do not suppose that the color of the blood of my caterpillars interfered with that observed in the tissues, yet I preferred using those whose blood and tissues are colorless. The larvæ of the Melolonthes (M. vulgaris) appeared nearest to this condition. Having placed several larvæ in a vessel containing broken-up leaves of indigo, and others in one containing those of madder, I observed, after several days, that the blood of those which were fed on madder was of a rosy tint, but the color was feeble; the digestive fluids had acted less vigorously here on this substance, than in the larvæ of the Lepidopteres. While as to those which had eaten indigo leaves, their blood had assumed a marked blueish tint; and this was perfectly visible through the integuments of the insects. Immediately it was observed that the dorsal vessel was filled with blood perfectly blue, and the same color was observed wherever the blood circulated.

"When an insect had been subjected to the indigo regimen for two days only, the blood became blue. This was easily seen where the blood was in abundance, as in the abdominal cavity or in the great dorsal vessel; but between the tissues of the trachea or elsewhere, the amount of coloring matter was so small, that the tint was very feeble. The blood became more colored by prolonging the diet, and became finally very decided; while neither the viscera or the muscles would be colored—these remaining of their usual light color. The respiratory tubes always became colored at their base, and grew gradually paler towards their extremities. This is explained by the relative amount of coloring matter in each place.

"Thus the passage of the blood through the thickness of the parietes of the respiratory tubes, as through the general circulation (as I have shown by injections), either through the dorsal vessel or through the great cavities of the body, exhibits, in the insect full of life, the phenomenon of the discoloration of the blood."

He proceeds to state that the fluids after digestion in these insects can be seen, as they pass into the general circulation and go to and from the heart. The intestines and heart with the several vessels would be bathed with the blood, colored by the food of the insect.

The experiments of Lawrence, Coates and Harlan, of this city, go to prove that many substances, whether colored or not, which are not strictly alimentary, are absorbed by the lacteals from the surface of the digestive tube.

However strenuously the strict solidist may argue for the non-absorption of medical or non-alimentary articles, there doubtless is a range

within which absorption of even poisons is carried on in the animal economy. It is found, for instance, that after feeding dogs on butter or oil, for a length of time, the chyle is more oleaginous. The use of alcohol is followed by its presence in the blood and tissues. Hunter and many others have discolored the bones of young animals by feeding them on madder. The blood was no doubt previously affected by the article eaten by the animal. There can be little doubt but that the good which follows the use of *cod-liver* oil, in phthisical patients, results from the following circumstances. 1. The absorption of the oil, *per se*, without any digestion, consequently without any expenditure of vital force. 2. Its deposit in the tissues, from the blood, supplying that very necessary article (oil) to the emaciated tissues of the patient. That this is the case, and that no digestion of the oil is necessary, is proved by the cases reported by Dr. Thompson, where the endermic method was resorted to on account of the debilitated or diseased condition of the digestive organs. Dr. Klenke says, "I shaved some young dogs, and rubbed them with cod-liver oil twice daily, for three weeks. At the end of this time they were in as good condition as dogs to whom oil had been internally administered; their bile was found as rich in fat, and their chyle equally charged with corpuscles without nuclei." Dr. Thompson says of a patient, whose weight had been reduced from 105 to 97 pounds, under the internal use of the oil—that he prescribed, "as a liniment, three ounces of cod-liver oil, an ounce of sal volatile, half a drachm of oil of lavender, five grains of opium; half to be rubbed in, night and morning. In a fortnight improvement commenced, and in two months her *weight had risen to* 104 *pounds.*"

Should the results above stated, of the external application of oily or nutritious articles to the general cutaneous surface, be confirmed by further experiments, we may expect important changes in the treatment of many diseases, which affect the digestive functions, or those of respiration. Darwin's idea of feeding a man through his skin, by placing him three times a day in a milk bath, will be no longer considered as an imaginary fact. In addition to this, if medicated articles of nutrition may be thus introduced, we may allow the internal surfaces to rest for a long time from their functions, by transferring those functions to the skin. Butchers are generally fat, but are not considered great eaters. Those who work about and in oil, are also fat and small eaters.

DISLOCATIONS OF THE FEMUR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should any additional testimony be required to convince the surgical public of Prof. Nathan Smith's mode of reducing the dislocated femur, I give you leave to publish the following extracts from my notes, taken at New Haven while attending his lectures in 1817–18.

"Now I believe it may be laid down as a principle in all surgical operations, that *great force* is never necessary, and that if moderate force does not effect our purpose the force is misapplied, or applied in a wrong

direction; and, in reducing dislocated bones, if the strength of one man does not effect the reduction, it is because the force is applied in a wrong direction; for I hold it as a maxim never to be departed from, that machinery should never be applied to reduce a fractured or dislocated bone. Now, if we reflect on the way and manner in which bones are dislocated, we shall find that it is on the principle of the lever. The limb is forcibly carried in such a direction as the joint will not suffer it to move in, only to a certain distance; and if impelled beyond that point, the bone must break or dislocate; and, in reducing the dislocation, the long shaft of the bone must be used as a lever to return the articular head of it to its former situation. The proper mode of applying force, and all that is necessary in reducing a dislocation, is to supply a fulcrum, as near the head of the bone as possible, and then with the hand to move the limb in such a direction as to bring the head of the bone into its proper situation. This mode has been practised in cases where it was not possible to reduce the bone in any other way. I refer to dislocations of the lower jaw. We are directed to place the thumb on the lower jaw in the mouth, near the coronoid process, while we raise the chin, which must depress the head of the bone and bring it into place. But in no other bone have I seen this principle recognized. In a case in which the head of the femur was on the innominatum, I brought the knee up to the breast and reduced it, while all the pulling I had previously tried had no effect —nor will it have in any case. It must be reduced by having the bone act as a lever."

"When the head of the bone is in the thyroid hole it may be reduced by applying a fulcrum to the neck of the femur, at the angle, and then by bringing the knee inward, it will pass into its natural situation. When the head of the bone lies on the innominatum, the limb should be bent a little inward, and raised towards the breast, till it enters the socket."

As Prof. Smith was universally known as a popular lecturer, and as he lectured subsequently at Burlington, Vermont, it surprises me very much that principles so long and extensively promulgated, should have been forgotten. "*Nous verrons.*" Yours, &c.

Stanstead, C. E., Nov. 19th, 1851. M. F. Colby, M.D.

QUACKERY—WORM SEED OIL.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Called Sept. 16th, to May, slave of David C. E., aged 6 years, who presented the following symptoms: Deep, heavy, stertorous breathing, accompanied by a very peculiar rattle, as if there was a ball rolling loose in the trachea; pulse small, weak, frequent and feeble; eyes insensible to light, or even external objects; convulsive movements of the right half of the body; extremities cold; any attempt at deglutition threatened instant suffocation. Counter-irritant medicated baths and enema, &c., were employed. The following day the symptoms were same in character, but less in degree. Thirty-six hours from the onset of the case, it terminated fatally.

On inquiry into the history of the case, an ounce vial was shown the writer, partially filled with what purported to be "worm seed oil," which had been obtained from a person in a neighboring village (by the father of my patient, against the statutes of the State, he being also a *slave*), who combines in his own distinguished person the various trades of physician, surgeon, druggist, toothpuller, patent-pill manufacturer, corncutter, biologist, pettifogger, agent for collection, &c. &c. The remedy was directed to be given, in doses of fifteen drops, until the worms were expelled. I do not know as I understood what was to be done provided the child contained no worms, but I do know that the remedy was administered and death resulted. Was the crime of the druggist murder, manslaughter, or homicide?

I send you a report of the above, simply because I believe that were the public better informed of the disastrous results of quackery, we should hear less of it. I remain, Yours, P. T. T.

Buchanan Co., Mo., Nov. 1st, 1851.

THE TREATMENT OF CROUP.

BY STEPHEN TRACY, M.D., WORCESTER, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

My method of treating this disease differs very essentially from that recommended by medical writers, and from that practised, so far as I can learn, by most physicians. I believe it to be very greatly superior. In its favor (pardon me) I can at least say that I have never yet had the unhappiness to witness a fatal termination in any patient of mine, although I have had numerous cases where the formation of the false membrane had made very considerable progress.

The peculiarities of my treatment consist in the external remedies used; the first of which is the placing of the patient in a warm and dry atmosphere. When called to a case of this disease, I immediately order that the air of the room shall be made of a temperature as high as from 80° to 90°. The air should be *dry* as well as *warm*. This I consider essential. No person ever yet "caught cold" while in a warm and dry atmosphere; but in a warm and moist one, multitudes have done so. A sudden rise in temperature immediately after heavy rains fills the air with moisture, and often causes colds to be epidemic. I hardly need to add that I have not much opinion of warm baths in these cases. I have never found them as beneficial as the *dry warm* air. The theory I will not here meddle with.

No one who has never witnessed the effect of this warm dry air in relieving the severity of the symptoms in croup, can form any idea of its salutary influence. It is so powerful, that if I were to take my choice between a temperature of 60° or 65° even, of ordinary moisture, and all other known remedies, or the one named above with no other remedy, I should prefer the latter. I believe it is for the want of due attention to this matter that croup has been and still is so fatal a disease. This

state and temperature should be maintained without intermission, until the disease has nearly or quite disappeared.

My next remedy is the extensive application to the throat, breast and neck, of a flannel wet with this liniment, viz. :—R. Ol. olive camph., ʒ jss.; aqua ammon. quad., ʒ j. ; M. deinde adde, tinct. opii, ʒ jss. ; ol. turpentine, ʒ j. If the child is very young, or the skin very thin, there may be occasion for some care lest a too severe irritation is excited by this ; moderate blistering does no harm. A dry flannel should cover the wet one.

The internal remedies I have used have varied with the severity of the attack, and the strength and constitution of the patient. In respect to them, my treatment has nothing peculiar, unless it be in this—that I do not find it necessary to press them as severely as is often recommended and practised. The mel. scill. comp., ipecac., ipecac. and antimony, calomel and antimony, have all been used, but the latter not for several years. I usually produce speedy vomiting with some of the above articles, and afterwards give them in quantity just sufficient to keep up nausea so long as febrile action continues, making use of castor oil to move the bowels when necessary.

The advantages of the above method are, first, that it is much more speedy and effectual in putting a stop to the progress of the disease ; and second, that the strength of the patient not being so reduced, he is much more surely and much sooner able to throw off whatever of false membrane may have been formed.

November, 1851.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1851.

Smith's Operative Surgery.—Henry H. Smith, M.D., of Philadelphia, is the author of a system of surgery, based upon the practice of the surgeons of the United States, and comprising a bibliographical index and historical record of many of their operations, for a period of two hundred years, illustrated by numerous and beautiful steel plates. The volume is divided into two parts, embracing seventeen chapters, which are carefully and methodically written. A history of surgery in general is followed by papers on elementary operations and those connected with operations on the head. Some chapters treat of the means of arresting hæmorrhage ; operations on the eye and its appendages ; and on the mouth and bones of the face. We have scarcely yet done more than examine the general character of the volume, but such examination has convinced us that it is a book alike creditable to the author and the country. It is truly an American book, and as such we are glad to receive it. There is material in great profusion in the large cities of the United States, for producing a series of practical guides in all the departments of medicine ; but such material has been too much undervalued or overlooked, in the ardor to seize upon foreign productions. It should be both a matter of ambition and pride to show the old world that the profession here has been making

advances in medicine and surgery, and Dr. Smith has done this in regard to the latter. Messrs. Lippincott, Grambo & Co., of Philadelphia, are the publishers, and they have brought out a fine typographical specimen of work.

Pereira's Materia Medica.—Any attempt to augment the reputation of the established work on the Elements of Materia Medica and Therapeutics, by Jonathan Pereira, M.D., might will be considered as unnecessary. But to give publicity to the fact that the author has actually enlarged and improved the present edition, the third from the American press, by adding a notice of most of the medicinal substances in use in the civilized world, will no doubt gratify the profession. Messrs. Blanchard & Lea, of Philadelphia, have issued the first volume, a splendidly printed book, a massive octavo of 838 pages. They state that the demand for this new edition has induced them to issue the first volume separately—at the same time announcing that the second, already in press, receiving important corrections and revisions, may be expected in July or August of 1852. It is really an encyclopedia of this branch of medicine—every leaf being evidence of the profound researches of the author, and the faithfulness of the American editor, Dr. Carson. The illustrations give a peculiar interest to the text. Unlike a major part of the treatises embracing the same circle of knowledge, this is a book of variety. All nature has been under contribution for materials, which have undergone such examination and been subjected to so many tests, that nothing is left in doubt, and each statement may be considered reliable. Of course, with a reputation already established, the demand will be active for the forthcoming edition, which, as usual, may be found at the bookstores of all the principal cities in the country.

Theory of Respiration.—How unceasingly the world rolls on, undisturbed in its orbit, although burdened with vanities. However, as theories weigh nothing, and the friction they produce is rather mental than physical, the stability of the universe seems not to be in danger, at present, however terrific the commotion may be among philosophers, from the promulgation of novel doctrines or high-sounding crudities. The present age is characterized by being fruitful in learned nonsense, which some are so bold as to thrust upon the community with a strange confidence that shadows are quite as good as solid materials. In medicine more than in any thing else, and of late in physiology, the adventurers for public favor are multiplying, so that it is sometimes difficult, at first, to detect the true from the false, the worthy from the unworthy.

Mrs. Willard, a venerable instructress in a female seminary at Troy, N. Y., who has acquired a reputation to be proud of for her success in the highest departments of female education, seems to entertain an ambition to cultivate another domain, and to surprise and astonish a part of mankind, if not the whole, by the announcement of a *new theory of respiration.* One of the first questions that presents itself to the well-read physiologist is—has the lady put forth a solitary new idea? Somebody thinks she has, and of such transcendant importance, too, that Mr. Twiss and Mr. Fellows have commenced in earnest to collect documentary evidence of the impression the new theory has made on certain minds. But the pith of all their labors is found in these words, viz., "The committee would suggest that the association memorialize the Legislature, requesting a commis-

sion be appointed to examine, experiment and report," &c. When such commission is appointed, we shall doubtless be apprised of it, and will not fail to inform our readers of the fact, and who the members are.

Public Health.—For the last two years, the general health of the people in this part of the country has been unusually good. There has been no prevalent epidemic to alarm the community, and nothing to disturb the equanimity of the public in regard to dreaded distempers or incomprehensible diseases. It is pretty certain that more credit is due physicians for this state of things, than is ordinarily supposed. The science and skill that are brought to bear upon cases at all calculated to excite anxiety, and the constant efforts of the medical profession to collect and diffuse every fact or suggestion that may be serviceable in the treatment of maladies, have a tendency to prevent the extension of infectious diseases, and to secure the proper treatment of all others. With all the shades of practice among us, there is enough of skill and scientific accuracy interspersed through society to meet exigencies, and prevent much of the mischief of quackery, however adroitly concealed under fascinating names.

New Medicines.—Inquiries are not unfrequently made in respect to the last new medicines, as though remedies were perpetually being manufactured. This may be so with nostrum venders; but among legitimate, respectable practitioners, "new medicines" are not entitled to confidence till they have been subjected to a severe ordeal and receive the sanction of the most skilful practitioners.

Medical Schools of Paris.—A correspondent of the Boston Transcript, under date of Nov. 6th, writes thus—

"Yesterday the doors of the renowned Medical School of Paris were thrown open to the crowd of students, which is attracted by its great advantages. The Faculty held a formal session for the distribution of the prizes which it offers to the ambition of the youthful cultivators of science. M. Roux, who wields the sceptre of French surgery, delivered the usual academic oration. He chose for his subject an eulogy of two illustrious names—Boyer, the emperor's surgeon, and Bichat. I wish that my space allowed me to gratify your medical readers by quotations from these two brilliant biographies."

New Objection to Chloroform.—M. Chailly Honoré made the following communication to the Medico-Chirurgical Society of Paris, at its second quarterly meeting of this year, as reported in *L'Union Medicale*:—

A woman who had been delivered for the first time by craniotomy, by M. Paul Dubois, and whom I had delivered by the forceps, in her second accouchement, of a living daughter, fell pregnant a third time. Notwithstanding our urgent advice, she objected to art being had recourse to until the full period of this her third pregnancy had come round. The pelvis of this woman not being more than eight centimetres in diameter, it was not possible that this delivery could be effected so easily as her second; for then labor came on somewhat before the full time. The induction of premature

labor could alone offer the best chance of safety, both to the mother and to the child. Consequently, we gave it as our advice that this should be resorted to at the proper time. But this woman, having been under the influence of chloroform during the first and second operations, and not having experienced the pains of labor, had not calculated upon the sufferings likely to accrue in her state. She therefore preferred waiting her full time, confident of being delivered without pain, at the sacrifice of her child. We could therefore, under these circumstances, only yield to the wishes of the patient. I applied the forceps, in order to assure myself that it was not possible, as in the second labor, to extract the infant alive. This time we did not make use of chloroform, in order that the maternal sentiment might be aroused, she having refused the resources of art at a time when it would have conduced to the well-being of both mother and child. A short use of the forceps soon convinced us of the inutility of their application. The lesson was sufficient; we now gave her chloroform, and delivered her, as she had been in the first instance, by craniotomy. This circumstance revealed to me an inconvenience of chloroform of which I had never dreamt. But I hope that in future this woman will understand her duty better, and not, for her personal interest only, compel us to sacrifice a third infant.

Health of New Orleans.—The following, from the New Orleans Medical and Surgical Journal for November, shows that the past season has been one of unusual health in that great city as well as in most other parts of the country.

"The so-called 'sickly season' has passed, and our population, with thousands of strangers, are daily pouring in upon us from almost every quarter of the compass—all eager to engage in the active scenes of life. We can assure them that our city, for the last six months, has enjoyed a degree of good health almost without a parallel in her history; indeed, but a few days since, an aged Creole of the first municipality, long connected with our large cemeteries, assured us that New Orleans had been blessed with better health the past summer than any season for the last fifty years! From the signs and evidences before us, we venture to predict, that the day is not very distant when epidemic yellow fever will cease to trouble this community, and to clothe half our citizens in the sombre habiliments of mourning for the victims of that dire scourge. Measures are being adopted—destined to be fully carried out—which we confidently believe will secure to this city a degree of public health equal to that enjoyed by any city in the Union of corresponding population.

"Our attendance at the Charity Hospital throughout the season enables us to say, that the diseases generally met with in that great institution have been of a mild and manageable character, and but little of a malignant or pernicious type has been seen in any of the wards of the hospital. The deaths have, consequently, been few; the per centage being, perhaps, lower than any time since the institution was established."

Treatment of Hemorrhoids.—In the October number of the Stethoscope, Dr. Thweatt records the result of a trial made with nitric acid (officinal preparation) in this disease. The patient had been afflicted with bleeding piles, during fifteen years, with a prolapsus recti on each attempt at stool. He had undergone every plan of treatment. Dr. T. recommended cauteri-

zation with nitric acid, to which he assented. It was done by pencilling the tumors until it produced a change of color. The operation produced very little pain, and the parts were dressed with lint and sweet oil. On the second day, he was entirely free from pain; the piles were less congested and slightly diminished in size; the bright red color was changed to a dirty brown. He was made to strain at stool, which act brought into view tumors situated higher in the intestines. These were cauterized as the first, a straining, burning pain being excited. On the third day, the piles were again touched. A short time after the last pencilling, he was well; no tumors either internal or external, and there was no further prolapse of the gut.—*Charleston Medical Journal and Review.*

Treatment of Aneurism by Compression.—Mr. Tufnell, surgeon to the City of Dublin Hospital, is the author of a recent work on the treatment of aneurism by compression, with plates of the instruments hitherto employed in Dublin, and the recent improvements by elastic pressure. The work has not been republished in this country. We learn from the London Medical Gazette that the author sums up the evidence in favor of compression, by giving a table of 39 cases of aneurism treated by this method in Dublin, during the past year, with the following results:

"In thirty of these cases the cure has been perfect and complete. In one, compression was discontinued, the aneurism not increasing subsequently in size. In two, the ligature was resorted to, and the artery tied with success. In three, amputation was necessary, each instance being followed by recovery. In one case death ensued from erysipelas. And two died from co-existing disease of the heart."

Medical Miscellany.—A child was born at La Grand, Georgia, with two distinct heads and necks, attached to a single body. It has two spinal columns, and it is supposed a double digestive apparatus.—The celebrated *pain-killer*, a secret composition sold extensively in Boston, is said to have made the proprietor, a clergyman residing in Providence, R. I., very rich. —It is declared that the entire excision of the lower jaw was performed upon a girl 11 years of age, at Oswego, N. Y., in 1849, and the patient is still alive and in good health.—Kate Dresser, 39 years old, of Schuylkill Co., Pennsylvania, has had more children than most women. The first child was born in 1829, and the last in February, 1851. She has had twins five times, and in February, 1848, had four children at one birth! making twenty-one children in twenty-one years, and *six* children in the space of *eighteen months!* The four children at a birth were apparently healthy and well formed. One lived about four weeks, another eleven months, the third a little over a year, and the fourth, a fine boy, is still living. There are now twelve of the whole number living, seven boys and five girls!

DIED,—At New York, Dr. James R. Manley, an old and distinguished physician.

Deaths in Boston—for the week ending Saturday noon, Nov. 29th, 67.—Males, 37—females, 30. Accidental, 1—disease of brain, 1—burn, 1—consumption, 15—convulsions, 2—croup, 4—dropsy, 1—dropsy of brain, 4—drowned, 1—typhus fever, 1—scarlet fever, 1—lung fever, 5—brain fever, 1—rheumatic fever, 1—hæmorrhage, 1—disease of heart, 4—intemperance, 1—infantile, 5—marasmus, 3—pleurisy, 1—palsy, 2—puerperal, 1—smallpox, 2—scrofula, 2—teething, 2—tumor, 1—unknown, 2—ulcers, 1.

Under 5 years, 25—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 12—over 60 years, 4. Americans, 31; foreigners and children of foreigners, 36. The above includes 7 deaths at the City Institutions.

Settlement of the Misunderstanding between Drs. Ramsay and Robertson.—Although we have not presented our readers in full the history of the unpleasant affair between these gentlemen, which grew out of some of the proceedings at the last meeting of the American Medical Association, in Charleston, S. C., yet as some of them feel a personal interest in it, and all of them will be glad to know it is amicably settled, we give place to the following card and letter, the latter first appearing in the Charleston Medical Journal and Review for November. This is done the more readily, as we have been specially so requested by one of the parties, and know that the other wishes the *medical press* to publish his final remarks on the subject.

A CARD.—Since the publication of my reply to the pamphlet recently issued by Dr. F. M. Robertson, of Charleston, S. C., I have been in correspondence with Dr. J. J. Robertson, of Washington, Geo., through a friend, and having received from him the grounds upon which the opinion of himself and Dr. D. M. Andrews, in regard to my professional statistics was based—which opinion led them, when called on by members of the American Medical Association, at their late Convention in Charleston, to express a want of confidence in the reliability of my obstetrical statistics, and induced Dr. F. M. Robertson, a member of that Association, to move to strike out the notice of said statistics from the Report of Dr. Storer, of Boston—and, having received from Drs. Andrews and Robertson the assurance that those opinions were neither formed or expressed through personal ill-will towards myself, but were honestly entertained and given in pursuance of what they regarded their duty to the profession; and feeling convinced from the representations of those gentlemen that they were influenced by circumstances, which, unexplained, were calculated to impair their confidence in me as a reporter, I feel bound in justice to them, to state that, with such impressions on their minds, they could not, when called on, have given other than an unfavorable opinion, and that Dr. F. M. Robertson, in making the motion he did, under the circumstances, was actuated by no unworthy or improper motive.

The grounds on which Drs. Andrews and J. J. Robertson were led to the statement that I had not, during my practice of physic, been continuous in one place, were my removal from Bookersville to Mrs. Wellborn's, a distance of six miles, and subsequently to this place, a distance of one and a half mile, while I regarded myself as never having left the *neighborhood* in which I originally settled. I have also been satisfied, from the statements and evidence furnished me by Dr. J. J. Robertson, that although he has not had a general practice in my neighborhood, he has made over twenty professional visits in the vicinity of my location within the past six years, a fact of which I had not been apprised at the time my late pamphlet was published.

In issuing this card to the profession and the public, I am impelled by no other than a desire to render strict justice to all the parties concerned, and therefore feel bound, under the circumstances, as an honorable man, to withdraw all offensive language I may have used in my pamphlet, or elsewhere, touching this controversy, either towards Drs. Robertson and Andrews, or towards Dr. F. M. Robertson, of Charleston.

I respectfully submit this statement to the profession and the public, with the single additional remark, that it is regarded by all the parties as an amicable and honorable termination of this entire controversy. H. A. RAMSAY.

Raysville, Geo., Oct. 14th, 1851. —

Charleston, S. C., Oct. 31st, 1851.

DEAR DOCTOR,—Since you handed me the two letters of Dr. H. A. Ramsay to yourself—one dated Sept. 1st, the other Oct. 1st, I have received "a card"—issued by the same gentleman—dated Raysville, Geo., Oct. 14th, 1851, one of which I presume has been sent to you also.

As circumstances growing out of Dr. Ramsay's published defence of August last, and his private correspondence with numerous persons, have drawn me into personal issues with certain parties, which are yet unadjusted, I deem it but just to Dr. Ramsay, as well as due to my own position, to make the following remarks, which will prevent misunderstanding in future.

1st. The card alluded to, was unsolicited by me, but voluntarily tendered by Dr. Ramsay. Nor was the disclaimer, of its author, of imputing "unworthy or improper motives" to me, for the course which I thought it my duty to pursue in relation to his obstetrical statistics, or the withdrawal of "all offensive language in his pamphlet or elsewhere," in relation to myself, the result of any correspondence or explanation on my part, either *directly* or *indirectly*.

2. Desiring still, as stated in my note to you, of the 28th June, published in my circular of July last, to "throw no impediment in the way of his doing himself ample justice in the matter complained of," I now accept the card as an honorable amend for the imputations against my motives, and his personal abuse, and consider it, so far as I am concerned, a final termination of the personal difficulty between Dr. Ramsay and myself.

3d. Inasmuch as the collateral issues in which I have been involved (by no act of my own, however), with the editors of certain medical periodicals, in relation to the merits of the "Obstetrical Statistics," are yet unsettled, I hold myself perfectly free, until they are satisfactorily arranged—in case it becomes necessary to my defence—to discuss the professional merits of the points of difference, without its being considered a violation of my acceptance of Dr. Ramsay's card.

4th. If the question should be introduced into the American Medical Association, at its next meeting, which has been intimated from certain quarters, I reserve to myself the same privileges claimed in the preceding paragraph.

Having thus set forth my position, that it may be clearly understood by all parties,

I remain very truly and sincerely your obedient servant, F. M. ROBERTSON.

Dr. H. W. DeSaussure, *Sec. A. M. A., Charleston, S. C.*